

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation filed)
Against:)

ROBERT STUART KEENAN, M.D.)
Certificate No. A-54423)

No: 10-2001-123444

Respondent)

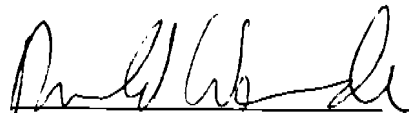
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Division of Medical Quality as its Decision in the above-entitled matter.

This Decision shall become effective at 5:00 p.m. on February 9, 2004.

IT IS SO ORDERED January 8, 2004

By:



RONALD WENDER, M.D.

Chair - Panel B

Division of Medical Quality

BILL LOCKYER, Attorney General
of the State of California
D. KENNETH BAUMGARTEN
Deputy Attorney General
State Bar No. 124371
California Department of Justice
110 West A Street, Suite 1100
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Attorneys for Complainant

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:)	CASE NO. 10-2001-123444
)	
ROBERT STUART KEENAN, M.D.)	
44555 Verbena Drive)	
La Quinta, CA 92253)	STIPULATED SETTLEMENT
)	AND
Physician and Surgeon's)	DISCIPLINARY ORDER
Certificate No. A 54423)	
)	
)	
<u>Respondent.</u>)	

IT IS HEREBY STIPULATED AND AGREED, by and between the parties to
the above-entitled proceedings, that the following matters are true:

PARTIES

1. Ron Joseph, ("Complainant") is the Executive Director of the Medical
Board of California and has brought this action solely in his official capacity. Complainant is
represented by the Attorney General of California, Bill Lockyer, by Deputy Attorney General
D. Kenneth Baumgarten.

2. Robert Stuart Keenan, M.D., ("Respondent") is represented in this
matter by Mr. Donald Brown, Esq., 3848 Carson Street, Suite 206, Torrance, CA 90503;
(310) 792-1315.

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1 9. For purposes of settlement, Respondent hereby admits that at a hearing,
2 Complainant could establish a prima facie case with respect to the allegations contained in the
3 Accusation appended hereto as **Exhibit A**.

4 10. By signing this Stipulation, Respondent hereby acknowledges he
5 understands and agrees that he may not withdraw his agreement hereto, or seek to rescind the
6 Stipulation, once it has been submitted to, considered and/or acted upon by the Division.

7 11. The parties agree that facsimile copies of this Stipulated Settlement and
8 Disciplinary Order, including facsimile signatures thereto, shall have the same force and
9 effect as the original Stipulated Settlement and Disciplinary Order, and signatures thereto.

10 12. Respondent agrees to be bound by the Division's Disciplinary Order as
11 set forth below.

12 13. In consideration of the foregoing admissions and stipulated matters, the
13 parties agree the Division shall, without further notice or formal proceeding, issue and enter
14 the following Order:

15 14. **DISCIPLINARY ORDER**

16 **IT IS HEREBY ORDERED** that Physician and Surgeon's Certificate number
17 A 54423, issued to Robert Stuart Keenan, M.D., is **revoked**. However, such revocation is
18 hereby **stayed** by the Division and Respondent is placed on **four (4) years probation**.
19 During the term of probation, Respondent shall comply with the Division's Probation
20 Surveillance Program and the following terms and conditions:

21 A. **PACE ASSESSMENT & CLINICAL EDUCATION COURSE**

22 Within 60 days of the effective date of this Decision, Respondent, at his
23 expense, shall enroll and complete The Physician Assessment and Clinical Education
24 Program at the University of California, San Diego School of Medicine (hereinafter the
25 "PACE Program"). The PACE Program is a Comprehensive Assessment Program comprised
26 of two mandatory components: Phase 1 and Phase 2.

27 Phase 1 is a two-day program which assesses physical and mental health;
28 neuropsychological performance; basic clinical and communication skills common to all

1 clinicians; and medical knowledge, skill and judgment pertaining to the specialty or sub-
2 specialty of the Respondent. After the results of Phase 1 are reviewed, Respondent shall
3 complete Phase 2.

4 Phase 2 comprises five days (40 hours) of Clinical Education in Respondent's
5 field of specialty. The specific curriculum of Phase 2 is designed by PACE Faculty and the
6 Department or Division of Respondent's specialty, and utilizes data obtained from Phase 1.

7 After Respondent has completed Phase 1 and Phase 2, the PACE Evaluation
8 Committee will review all results and make a recommendation to the Division or its designee
9 as to whether further education, clinical training (including scope and length), treatment of
10 any medical and/or psychological condition and any other matters affecting Respondent's
11 practice of medicine will be required or recommended. The Division or its designee may at
12 any time request information from PACE regarding the Respondent's participation in PACE
13 and/or information derived therefrom. The Division may order Respondent to undergo
14 additional education, medical and/or psychological treatment based upon the
15 recommendations received from PACE.

16 At the completion of the PACE Program, Respondent shall submit to an
17 examination on its contents and substance. The examination shall be designed and
18 administered by the PACE Program faculty. Respondent shall not be deemed to have
19 successfully completed the program unless he passes the examination. Respondent agrees
20 that the determination of the PACE Program faculty as to whether or not he passed the
21 examination and/or successfully completed the PACE Program shall be binding.

22 Respondent shall complete the PACE Program no later than six months after
23 his initial enrollment unless the Division or its designee agrees in writing to a later time for
24 completion.

25 If Respondent successfully completes the PACE Program, including the
26 examination referenced above, he agrees to cause the PACE Program representative to
27 forward a Certification of Successful Completion of the program to the Division or its
28 designee.

1 Failure to successfully complete the PACE Program within the time limits
2 outlined above shall constitute a violation of probation.

3 **B. COMPLETION OF THE PACE PRESCRIBING PROGRAM**

4 Within 90 days of the effective date of the Decision in this matter, Respondent
5 shall, at his expense, enroll in and complete the PACE Prescribing Program at the University
6 of California, San Diego School of Medicine.

7 Respondent shall complete this program no later than six months after his
8 initial enrollment unless the Division, or its designee, agrees in writing to a later time for
9 completion. Respondent agrees that it will be the determination of the PACE Program
10 faculty as to whether or not he has successfully completed this program and such decision
11 shall be binding.

12 At such time that Respondent successfully completes the program, he agrees to
13 cause the PACE Program representative to forward a Certification of Successful Completion
14 of the program to the Division or its designee.

15 Failure by Respondent to successfully complete the PACE Prescribing
16 Program within the time limits outlined above shall constitute a violation of probation.

17 **C. PACE MEDICAL RECORD KEEPING PROGRAM**

18 Within 90 days of the effective date of the Decision in this matter, Respondent
19 shall, at his expense, enroll in and complete the PACE Medical Record Keeping Program at
20 the University of California, San Diego School of Medicine.

21 Respondent shall complete this program no later than six months after his
22 initial enrollment unless the Division, or its designee, agrees in writing to a later time for
23 completion. Respondent agrees that it will be the determination of the PACE Program
24 faculty as to whether or not he has successfully completed this program and such decision
25 shall be binding.

26 At such time that Respondent successfully completes the program, he agrees to
27 cause the PACE Program representative to forward a Certification of Successful Completion
28 of the program to the Division or its designee.

1 Failure by Respondent to successfully complete the PACE Medical Record
2 Keeping Program within the time limits outlined above shall constitute a violation of
3 probation.

4 D. **MAINTAIN SEPARATE CONTROLLED SUBSTANCE**
5 **PRESCRIBING AND DISPENSING RECORDS**

6 During his period of probation, Respondent shall maintain separate controlled
7 substance prescribing and dispensing records. Respondent shall further make such records
8 open for inspection and copying at any time by any Medical Board personnel, or to any other
9 peace officers of the State of California, on request and without prior notice.

10 E. **ADDITIONAL CONTINUING MEDICAL EDUCATION**

11 Within ninety (90) days from the effective date of the Decision in this matter,
12 and on an annual basis thereafter, Respondent shall submit to the Division, or its designee,
13 for its prior approval, an educational program or courses to be completed by Respondent each
14 year, totaling no less than **20 hours per year**, which are focused on proper medical record
15 keeping, appropriate insurance billing, the prescribing of dangerous drugs and controlled
16 substances and general medicine. This additional continuing medical education shall be in
17 addition to the Continuing Medical Education (CME) requirements for re-licensure.

18 Following completion of each course, Respondent shall submit proof of attendance to
19 the Division, or its designee, who may, at its discretion, administer an examination to
20 Respondent to test his knowledge of the course(s) taken.

21 F. **MEDICAL PRACTICE MONITOR**

22 Within 60 days of the effective date of this decision, Respondent shall submit
23 to the Division, or its designee, for its prior approval, the name of a practice monitor, along
24 with a plan of practice in which Respondent's medical practice shall be monitored for a
25 period of **one (1) year** by another physician in Respondent's field of practice, who shall
26 provide quarterly reports to the Division, or its designee.

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1 If the approved monitor resigns or is no longer available to perform such
2 duties, Respondent shall, within 15 days, move to have a new monitor appointed, through
3 nomination by Respondent and prior approval by the Division or its designee.

4 In no event may Respondent engage in the practice of medicine without an
5 approved monitor for more than a 30 day period. Should such an event occur, Respondent
6 shall immediately cease the practice of medicine until such time as a new practice monitor has
7 been approved by the Division, or its designee, and such new monitor resumes the required
8 monitoring duties.

9 Failure by Respondent to obtain an approved medical practice monitor within
10 the times specified, or replace within the times specified a monitor who resigns or is no
11 longer available, or continuing to practice in the absence of an approved practice monitor,
12 without prior written approval, shall constitute a violation of probation.

13 **G. COST RECOVERY**

14 Respondent shall reimburse the Division **\$3500.00** of the investigative and
15 prosecution costs incurred in this action. During the first three (3) years of probation,
16 Respondent shall make annual payments of \$1167.00 until this cost recovery is paid in full.

17 Failure to pay this cost recovery in full when due shall constitute a violation of
18 probation.

19 It is hereby agreed that the filing of bankruptcy by Respondent at any time
20 during his period of probation shall not relieve him of his obligation to pay this cost recovery
21 to the Division of Medical Quality.

22 In the event that, at some future date, the Division grants a reduction in
23 Respondent's probationary period in this action, all unpaid cost recovery due pursuant to this
24 Decision shall become immediately due and payable and shall also become a condition
25 precedent to such a future modification of penalty.

26 **H. PAY ANNUAL PROBATION COSTS**

27 Respondent shall pay the costs associated with his probation monitoring each
28 and every year of probation, as designated by the Division, which may be adjusted on an

1 annual basis. Such costs are currently \$2874.00 per year. Annual probation cost payments
2 shall be payable to the Division of Medical Quality and delivered to the designated probation
3 surveillance monitor no later than January 31st of each calendar year.

4 Failure to pay these annual probation costs within 30 days of the due date,
5 without prior written approval, shall constitute a violation of probation.

6 I. NOTIFICATION

7 Prior to engaging in the practice of medicine, Respondent shall provide a true
8 copy of the Decision and Accusation in this matter to the Chief of Staff or the Chief
9 Executive Officer at every hospital where privileges or membership are extended to
10 Respondent, at any other facility where Respondent engages in the practice of medicine,
11 including all physician and locum tenens registries or other similar agencies, and to the Chief
12 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
13 Respondent. Respondent shall submit proof of compliance to the Division or its designee
14 within 15 calendar days of the effective date of the Decision in this matter.

15 This condition shall apply to any and all future change(s) in hospitals, other
16 facilities or insurance carrier.

17 J. SUPERVISION OF PHYSICIAN ASSISTANTS

18 During probation, Respondent is prohibited from supervising physician
19 assistants.

20 K. OBEY ALL LAWS

21 Respondent shall obey all federal, state and local laws, all rules governing the
22 practice of medicine in California, and remain in full compliance with any court ordered
23 criminal probation, payments and other orders.

24 L. QUARTERLY DECLARATIONS

25 Respondent shall submit quarterly declarations under penalty of perjury on
26 forms provided by the Division, stating whether there has been compliance with all the
27 conditions of probation. Respondent shall submit quarterly declarations not later than 10
28 calendar days after the end of the preceding quarter.

1 **M. PROBATION UNIT COMPLIANCE**

2 Respondent shall comply with the Division's probation unit. Respondent shall,
3 at all times, keep the Division informed of Respondent's business and residence addresses.
4 Changes of such addresses shall be immediately communicated in writing to the Division or
5 its designee. Under no circumstances shall a post office box serve as an address of record,
6 except as allowed by Business and Professions Code section 2021(b).

7 Respondent shall not engage in the practice of medicine in Respondent's place
8 of residence. Respondent shall maintain a current and renewed California physician and
9 surgeon's license.

10 Respondent shall immediately inform the Division, or its designee, in writing,
11 of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to
12 last, more than 30 calendar days.

13 **N. INTERVIEW WITH THE DIVISION, OR ITS DESIGNEE**

14 Respondent shall be available in person for interviews either at Respondent's
15 place of business or at the probation unit office, with the Division or its designee, upon
16 request at various intervals, and either with or without prior notice throughout the term of
17 probation.

18 **O. RESIDING OR PRACTICING OUT-OF-STATE**

19 In the event Respondent should leave the State of California to reside or to
20 practice, Respondent shall notify the Division or its designee in writing 30 calendar days
21 prior to the dates of departure and return. Non-practice is defined as any period of time
22 exceeding 30 calendar days in which Respondent is not engaging in any activities defined in
23 Sections 2051 and 2052 of the Business and Professions Code.

24 All time spent in an intensive training program outside the State of California
25 which has been approved by the Division or its designee shall be considered as time spent in
26 the practice of medicine within the State. A Board-ordered suspension of practice shall not
27 be considered as a period of non-practice. Periods of temporary or permanent residence or
28 practice outside California will not apply to the reduction of the probationary term. Periods

1 of temporary or permanent residence or practice outside California will relieve respondent of
2 the responsibility to comply with the probationary terms and conditions with the exception of
3 this condition and the following terms and conditions of probation: Obey All Laws;
4 Probation Unit Compliance; and Cost Recovery.

5 Respondent's license shall be automatically canceled if Respondent's periods of
6 temporary or permanent residence or practice outside California total two years. However,
7 Respondent's license shall not be canceled as long as Respondent is residing and practicing
8 medicine in another state of the United States and is on active probation with the medical
9 licensing authority of that state, in which case the two year period shall begin on the date
10 probation is completed or terminated in that state.

11 P. **FAILURE TO PRACTICE MEDICINE - CALIFORNIA**
12 **RESIDENT**

13 In the event Respondent resides in the State of California and for any reason
14 Respondent stops practicing medicine in California, Respondent shall notify the Division or
15 its designee in writing within 30 calendar days prior to the dates of non-practice and return to
16 practice. Any period of non-practice within California, as defined in this condition, will not
17 apply to the reduction of the probationary term and does not relieve Respondent of the
18 responsibility to comply with the terms and conditions of probation. Non-practice is defined
19 as any period of time exceeding 30 calendar days in which Respondent is not engaging in any
20 activities defined in sections 2051 and 2052 of the Business and Professions Code.

21 All time spent in an intensive training program which has been approved by
22 the Division or its designee shall be considered time spent in the practice of medicine. For
23 purposes of this condition, non-practice due to a Board-ordered suspension or in compliance
24 with any other condition of probation, shall not be considered a period of non-practice.

25 Respondent's license shall be automatically canceled if Respondent resides in
26 California and for a total of two years, fails to engage in California in any of the activities
27 described in Business and Professions Code sections 2051 and 2052.

28 / / /

1 Q. **COMPLETION OF PROBATION**

2 Respondent shall comply with all financial obligations (e.g., cost recovery,
3 restitution, probation costs) not later than 120 calendar days prior to the completion of
4 probation. Upon successful completion of probation, Respondent's certificate shall be fully
5 restored.

6 R. **VIOLATION OF PROBATION**

7 Failure to fully comply with any term or condition of probation is a violation
8 of probation. If Respondent violates probation in any respect, the Division, after giving
9 Respondent notice and the opportunity to be heard, may revoke probation and carry out the
10 disciplinary order that was stayed. If an Accusation, Petition to Revoke Probation, or an
11 Interim Suspension Order is filed against Respondent during probation, the Division shall
12 have continuing jurisdiction until the matter is final, and the period of probation shall be
13 extended until the matter is final.

14 S. **LICENSE SURRENDER**

15 Following the effective date of this Decision, if Respondent ceases practicing
16 due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of
17 probation, Respondent may request the voluntary surrender of Respondent's license. The
18 Division reserves the right to evaluate Respondent's request and to exercise its discretion
19 whether or not to grant the request, or to take any other action deemed appropriate and
20 reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
21 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Division
22 or its designee and Respondent shall no longer practice medicine. Respondent will no longer
23 be subject to the terms and conditions of probation and the surrender of Respondent's license
24 shall be deemed disciplinary action. If Respondent re-applies for a medical license, the
25 application shall be treated as a petition for reinstatement of a revoked certificate.

26 15. Respondent agrees to comply with the requirements of all provisions of
27 this Stipulation, in the time and manner specified herein. Failure to do so shall constitute a

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separate and additional act, or acts, of general unprofessional conduct for which additional discipline may be sought and thereafter imposed by the Division.

16. If the Division adopts this Stipulation, and Respondent thereafter fails to fulfill his obligations as set forth herein, the Division, in its sole discretion, may take whatever action it deems necessary to protect the public health, safety and welfare, including resuming the prosecution of the Accusation appended hereto as **Exhibit A**. If such shall occur, except for this paragraph, this Stipulation will no longer be of any force or effect and it shall be inadmissible in any legal action between the parties. Upon nullification of this Stipulation, the Board, in its sole discretion, may proceed on the original Accusation and Petition to Revoke Probation in this matter, or may proceed on an amended and/or supplemental Accusation and/or may proceed in any manner or in any fashion it deems appropriate.

Respondent hereby agrees to waive any affirmative statute of limitations defense that may then exist as to the pending charges in the Accusation, appended hereto as **Exhibit A**, should the Division be compelled, for the reasons specified in this paragraph, to resume the prosecution of the allegations in the original Accusation.

17. This Stipulation is intended by the parties to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties herein.

CONTINGENCY

This Stipulation shall be subject to the approval of the Division of Medical Quality. Respondent and his counsel understand and agree that Medical Board staff and counsel for Complainant may communicate directly with the Division regarding this Stipulated Settlement and Disciplinary Order, without notice to or participation by Respondent or his counsel.

If the Division fails to adopt this Stipulation as its Order, the Stipulation shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action

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1 between the parties, and the Division shall not be disqualified from further action in this
2 matter by virtue of its consideration of this Stipulation.

3 ACCEPTANCE

4 I have read the above Stipulated Settlement and Disciplinary Order and have
5 fully discussed the terms and conditions and other matters contained therein with my
6 attorney, Donald Brown, Esq.

7 I understand the effect this Stipulated Settlement and Disciplinary Order will
8 have on my Physician and Surgeon's Certificate, and agree to be bound thereby.

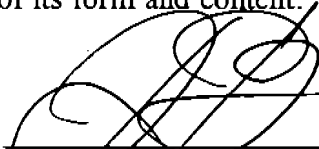
9 I enter into this Stipulation freely, knowingly, intelligently and voluntarily.

10 DATED: 10-12-03

11 
12 ROBERT STUART KEENAN, M.D.
Respondent

13 I have read and have fully discussed the terms and conditions and other matters
14 contained in this Stipulated Settlement and Disciplinary Order with Respondent, ROBERT
15 STUART KEENAN, M.D., and I approve of its form and content.

16 DATED: OCT 3 2003

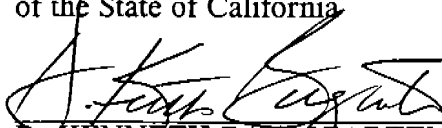
17 
18 DONALD BROWN, Esq.,
Attorney for Respondent

19 ENDORSEMENT

20 This Stipulated Settlement and Disciplinary Order is hereby respectfully
21 submitted for consideration by the Division of Medical Quality, Medical Board of California,
22 Department of Consumer Affairs.

23 DATED: November 3, 2003

24 BILL LOCKYER, Attorney General
of the State of California

25 
26 D. KENNETH BAUMGARTEN
27 Deputy Attorney General
Attorneys for Complainant

28 **Exhibit A:** Accusation No. 10-2001-123444

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ACCUSATION
No. 10-2001-123444

EXHIBIT A

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *October 17 20 02*
BY *Janet S. Master*

1 BILL LOCKYER, Attorney General
of the State of California
2 D. KENNETH BAUMGARTEN, State Bar No. 124371
Deputy Attorney General
3 California Department of Justice
110 West "A" Street, Suite 1100
4 San Diego, CA 92101
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San Diego, CA 92186-5266
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7
8 Attorneys for Complainant

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10 **BEFORE THE**
11 **DIVISION OF MEDICAL QUALITY**
12 **MEDICAL BOARD OF CALIFORNIA**
13 **DEPARTMENT OF CONSUMER AFFAIRS**
14 **STATE OF CALIFORNIA**

15 In the Matter of the Accusation Against:

Case No. 10-2001-123444

16 ROBERT STUART KEENAN, M.D.
44555 Verbena Drive
La Quinta, California 92257

17 Physician's and Surgeon's
Certificate No. A 54423

A C C U S A T I O N

Respondent.

18
19 Complainant alleges:

20 **PARTIES**

21 1. Ron Joseph (Complainant) brings this Accusation solely in his official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs.

24 2. On or about July 26, 1995, the Medical Board of California issued
25 Physician's and Surgeon's Certificate Number A 54423 to Robert Stuart Keenan, M.D.
26 (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times
27 relevant to the charges brought herein and will expire on September 30, 2004, unless renewed.

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1 7. Section 725 of the Code states:

2 "Repeated acts of clearly excessive prescribing or
3 administering of drugs or treatment, repeated acts of clearly
4 excessive use of diagnostic procedures, or repeated acts of clearly
5 excessive use of diagnostic or treatment facilities as determined by
6 the standard of the community of licensees is unprofessional
7 conduct for a physician and surgeon, dentist, podiatrist,
8 psychologist, physical therapist, chiropractor, or optometrist.
9 However, pursuant to Section 2241.5, no physician and surgeon in
10 compliance with the California Intractable Pain Treatment Act
11 shall be subject to disciplinary action for lawfully prescribing or
12 administering controlled substances in the course of treatment of a
13 person for intractable pain."

14 8. Section 125.3 of the Code provides, in pertinent part, that the Division
15 may request the administrative law judge to direct a licensee found to have committed a
16 violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the
17 investigation and enforcement of the case.

18 9. Section 14124.12 of the Welfare and Institutions Code states, in pertinent
19 part:

20 "(a) Upon receipt of written notice from the Medical Board
21 of California, the Osteopathic Medical Board of California, or the
22 Board of Dental Examiners of California, that a licensee's license
23 has been placed on probation as a result of a disciplinary action,
24 the department may not reimburse any Medi-Cal claim for the type
25 of surgical service or invasive procedure that gave rise to the
26 probation, including any dental surgery or invasive procedure, that
27 was performed by the licensee on or after the effective date of
28 probation and until the termination of all probationary terms and
29 conditions or until the probationary period has ended, whichever
30 occurs first. This section shall apply except in any case in which
31 the relevant licensing board determines that compelling
32 circumstances warrant the continued reimbursement during the
33 probationary period of any Medi-Cal claim, including any claim
34 for dental services, as so described. In such a case, the department
35 shall continue to reimburse the licensee for all procedures, except
36 for those invasive or surgical procedures for which the licensee
37 was placed on probation."

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1 F. On January 11, 2001, the patient again requested a change
2 in medication. Respondent concluded the patient had a mild asthma and sinusitis.
3 He wrote her a prescription for Fiorcet, in addition to an inhaler and Bactrim DS.

4 G. When the patient returned on January 31, 2001, she
5 complained of wrist and low back pain. Respondent prescribed 60 tablets of
6 Vicodin with 2 refills, along with 100 tablets of Effexor with 2 refills. He also
7 prescribed 1-2 tablets of Restoril to be taken at bedtime.

8 H. Respondent saw the patient three times in February 2001.
9 On the 9th, respondent diagnosed depression and right knee pain. On the 22nd,
10 respondent again diagnosed the patient with depression and prescribed 100 10 mg
11 tablets of Prozac. On the 28th, the patient again complained of depression and
12 headaches for which respondent prescribed Vicodin, Soma, and Restoril.

13 I. In March 2001, respondent saw the patient on the 14th at
14 which time she requested Effexor, while saying she was happy with Prozac. On
15 the 26th, the patient again requested a medication change. Her depression had
16 worsened and she had migraine headaches. Respondent increased her Prozac to
17 20 mg per day, and renewed prescriptions for Vicodin and Ultram.

18 J. On April 12, 2001, respondent prescribed Vicodin ES,
19 Ultram, and Soma.

20 K. On May 7, 2001, respondent found the patient was having
21 mood changes and still having knee pain. Respondent discussed with her the
22 possibility of her going to a pain clinic. He diagnosed the patient with depression
23 and migraine headaches and increased her Effexor XR dosage to 175 mg. twice a
24 day. The patient was still taking Vicodin, Ultram, and Soma although trying to
25 use less of it.

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Chart No. 2587120

L. This 38 year old female had a history of anxiety, hypomania and chronic low back pain with radicular symptoms which began around March 1999. Respondent prescribed Vicodin for her throughout 1999. In September 1999, respondent prescribed Zoloft.

M. On January 18, 2000, the patient was discharged from the UCSD ortho med clinic for violating the oral narcotic contract. A letter indicating she required supervision by a pain clinic was signed by respondent on March 9, 2000.

N. Beginning in January 2000, respondent began prescribing this patient up to 8 tablets of Vicodin per day. In February 2000, respondent prescribed Ativan and 100 tablets of Lorazepam.

O. On March 14, 2000, respondent saw the patient who requested respondent fill out disability forms. Noting the patient had low back pain, respondent prescribed 60 Vicodin tablets. A prescription for Ativan and Lorazepam was called in for the patient on March 21, 2000.

P. On April 7, 2000, respondent prescribed another 60 tablets of Vicodin. On April 14th, respondent conferred with a pharmacist regarding possible acetaminophen toxicity and the prescription was changed to Norco. On April 19, 2000 respondent prescribed 60 tablets of Norco to be taken one every eight hours.

Q. Respondent wrote three more prescriptions for Norco in June, 2000. On the 6th he prescribed 60 tablets, on the 14th 30 more, and on the 27th an additional 60 tablets. Respondent's last prescription for Norco was on July 24, 2000, for 60 tablets. Thereafter respondent learned that the patient was receiving Vicodin from other physicians and dentists in addition to what he was giving her.

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Chart No. 2916470

R. This 61 year old female had type II diabetes which was treated with insulin. On February 17, 2000, lab tests showed she had a positive micro albumin. On June 21, 2000, she had an elevated cholesterol of 276, and a markedly elevated triglyceride of 724 with an HDL of 30.

S. On February 19, 2000, respondent saw the patient. She had uncontrolled diabetes and hypertension with a blood pressure of 230/80. He started the patient on Lotensin. On February 29, 2000, the patient's blood pressure was 160/84. The blood sugars were between 290 and 400. Both the insulin and the Lotensin were increased.

T. On March 14, 2000, the patient's blood pressure was 138/98 and her glucose was 120. On March 21, 2000, the patient's blood pressure was 124/70, but her glucose was 201. On May 11, 2000, respondent diagnosed the patient with uncontrolled diabetes.

U. On June 21, 2000, respondent increased the patient's insulin dosage. She was taking Diovan and HCTZ for hypertension.

V. On July 28, 2000, respondent determined the patient's diabetes was again uncontrolled but that her hypertension was stable. He started the patient on Glucophage along with insulin.

Chart No. 2980220

W. This 35 year old obese diabetic female patient was seen by respondent on April 18, 2000, for amenorrhea and pelvic pain. The patient was sexually active, using condoms, and having irregular periods.

X. The patient returned on May 19, 2000. Respondent started her on Glucophage and increased her Glucatrol. She was also started on a 10 day course of Provera. Respondent did not perform a pregnancy test before starting the patient on the Provera.

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Chart No. 2182250

Y. This 30 year old female patient was seen by respondent for a number of years complaining of anxiety, depression, and chronic lower back pain. On March 1997, the patient had a consultation with a psychiatrist regarding depression and a history of drug abuse.

Z. Respondent first saw this patient in 1997 and began prescribing Vicodin to her. Beginning in February 2000, respondent began prescribing Vicodin to the patient on a weekly or every few week basis. Initially, the prescriptions were for 60 tablets, mostly weekly. In May 2000, this increased to 80 tablets of Vicodin. Beginning in August 2000, the prescriptions were increased to Vicodin ES 60 tablets, with the patient using 3-4 tablets per day. On September 15, 2000, respondent gave the patient 100 tablets, followed by another 100 tablets on the 29th with two refills. Additional prescriptions for the Vicodin ES were authorized on October 20, 2000, for 60 tablets, on December 9, 2000, for 100 tablets, and on December 14, 2000, for another 100 tablets.

Chart No. 1255080

AA. This 31 year old diabetic female was first seen by respondent on February 18, 1999. She was determined to have new onset diabetes mellitus and was placed on an oral hypoglycemia agent. On March 4, 1999, respondent started her on a second oral diabetic agent and gave the patient a glucometer and test strips. When the blood sugar remained over 400, the patient was started on insulin on March 19, 1999. As her blood sugar levels decreased the patient's insulin dosage was decreased.

BB. On July 26, 1999, the patient was seen by another physician after experiencing a hypoglycemia episode. The insulin dosage was adjusted and a hemoglobin A1C level was ordered, and the patient was started on low dose

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1 aspirin. In August the patient was seen by a nurse practitioner who found that the
2 diabetes was in better control but that the patient had proteinuria and was given an
3 ACE inhibitor.

4 CC. Respondent next saw the patient on August 29, 2000. The
5 patient was using 45 units of insulin daily. Respondent increased her insulin
6 dosage. He saw her again on October 31, 2000, and again decided the patient's
7 diabetes was poorly controlled. Thereafter respondent reduced the patient's
8 insulin in November and again in December.

9 DD. Respondent adjusted the patient's insulin in January,
10 February, March and May 2001. In July another physician saw the patient,
11 determined her diabetes was in poor control and started her on an oral agent.

12 **Chart No. 1595430**

13 EE. This forty-seven year old female had a history of chronic
14 back pain with degenerative joint disease of the spine. She was homeless, had a
15 history of substance abuse, and required mental health rehabilitation. She was
16 maintained on Klonopin and Trazadone.

17 FF. On April 26, 2000, respondent prescribed her 60 tablets of
18 Tylenol with Codeine. This was refilled on May 31, 2000. On June 7, 2000,
19 respondent authorized the patient's receiving 60 Vicodin tablets. Eight days later
20 respondent prescribed another 60 Tylenol with Codeine. Another prescription for
21 an additional 60 Tylenol with Codeine was made on July 6th, with an additional
22 100 Tylenol with Codeine prescribed on August 10th. On August 25, 2000, the
23 patient complained of pain in the lower left extremity. Respondent gave her an
24 injection of Toradol and prescribed 100 tablets of 5 mg Percocet.

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1 GG. Although respondent did not see the patient again until
2 March 23, 2001, respondent prescribed Tylenol with Codeine and/or Vicodin six
3 times for a total of 820 tablets. When respondent next saw the patient in March
4 2001, he again prescribed Vicodin. Respondent also prescribed Vicodin on April
5 12, 2001.

6 11. Respondent committed gross negligence, repeated negligent acts, and was
7 incompetent during his care and treatment of the seven patients referred above by reason of, but
8 not limited to following:

9 A. Respondent failed to recommend that Patient No. 2976390
10 undergo a comprehensive pain management evaluation.

11 B. Respondent prescribed Patient No. 2976390
12 antidepressants, narcotics, and benzodiazepines without documenting the reasons
13 for doing so.

14 C. Despite being aware that Patient No. 2587120 was
15 discharged from a pain clinic for violating a narcotic agreement contract,
16 respondent continued to prescribe the patient narcotic medications such as
17 Vicodin, Vicodin ES and Percocet.

18 D. Respondent failed to monitor Patient No. 2916470's
19 hemoglobin A1c levels.

20 E. Respondent failed to control Patient No. 2916470's severe
21 elevations of cholesterol and triglycerides with lipid lowering medications.

22 F. Respondent failed to do a pregnancy test on patient no.
23 2980220 prior to starting her on Provera.

24 G. Respondent prescribed large amounts of Vicodin with
25 Acetaminophen to Patient No. 2182250 despite the fact she had hepatitis C.

26 H. Respondent failed to monitor the hepatic function of Patient
27 No. 2182250.

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1 I. Respondent failed to regularly monitor the hemoglobin A
2 1c levels of Patient No. 1255080 despite her poorly controlled diabetes.

3 J. Respondent failed to make a timely referral to an
4 ophthalmologist for Patient No. 1255080.

5 K. Despite Patient No. 1595430's history of psychiatric illness
6 and substance abuse, respondent prescribed this patient narcotic medications for
7 seven months, between August 2000 and March 2001, without actually seeing the
8 patient.

9 SECOND CAUSE FOR DISCIPLINE

10 (Excessive Prescribing)

11 12. Respondent is subject to disciplinary action under section 725 in that
12 during the course of respondent's care and treatment of Patient Nos. 2976390, 2587120,
13 2182250, and 1595430 he committed repeated acts of clearly excessive prescribing within the
14 meaning of that section. Paragraphs 10 A-K, L-Q, Y-Z, and EE-GG are incorporated in their
15 entirety herein as if fully set forth.

16 THIRD CAUSE FOR DISCIPLINE

17 (Failure to Maintain Adequate Records)

18 13. Respondent is subject to disciplinary action under section 2266 in that
19 during the course of his care and treatment of Patient Nos. 2976390, 2182250, 2916470, and
20 2980220 respondent failed to maintain adequate and accurate records concerning his providing of
21 medical services within the meaning of that section. Paragraphs 10 A-K, R-V, W-X, Y-Z are
22 incorporated in their entirety herein as if fully set forth.

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1. Revoking or suspending Physician's and Surgeon's Certificate No. A 54423, issued to Robert Stuart Keenan, M.D.;

3. Ordering Robert Stuart Keenan, M.D. to pay the Division of Medical Quality the reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring;

DATED: October 17, 2002

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